2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04490

Entity Name: KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

201 HILDA STREET
SUITE 30
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

22 W. MONUMENT AVE
KISSIMMEE, FL 34741

New Mailing Address:

3264 GREENWALD WAY
KISSIMMEE, FL 34741

FEI Number: 59-3539564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMBLE, TL
111 N. ORLANDO AVENUE
WINTER PARK, FL 327893675 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	OGLESBY, JAMES E MD	
Address:	201 HILDA STREET, S-10	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	TD	( ) Delete
Name:	HOQUE, ANWARE, MD	
Address:	201 HILDA STREET, S-15	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	SD	( ) Delete
Name:	HAUPT, BILL MR.	
Address:	2450 NORTH ORANGE BLOSSOM TRAIL	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	VD	( ) Delete
Name:	SAHA, ASIS, MD	
Address:	201 HILDA STREET, S-10	
City-St-Zip:	KISSIMMEE, FL 34741	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES OLGESBY PD 04/29/2009
Electronic Signature of Signing Officer or Director — Date